

**DECLARATION**

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: AN OPTICAL MONITORING APPARATUS the specification of which X is attached hereto or \_\_\_\_\_ was filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application(s)**

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
DE	202 16 757.7	October 30, 2002	YES

Full Name of Inventor 1:	Last Name: <b>BRAUNE</b>	First Name: <b>INGOLF</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>GUNDELFINGEN</b>	State/Foreign Country: <b>GERMANY</b>	Country of Citizenship: <b>GERMANY</b>	
Post Office Address:	Post Office Address: <b>BAHNHOFSTRASSE 12</b>	City: <b>GUNDELFINGEN</b>	State/Country: <b>GERMANY</b>	Postal Code: <b>D-79194</b>
Full Name of Inventor 2:	Last Name: <b>WÜSTEFELD</b>	First Name: <b>MARTIN</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>SEXAU</b>	State/Foreign Country: <b>GERMANY</b>	Country of Citizenship: <b>GERMANY</b>	
Post Office Address:	Post Office Address: <b>SIEDLUNGSWEG 14</b>	City: <b>SEXAU</b>	State/Country: <b>GERMANY</b>	Postal Code: <b>D-79350</b>
Full Name of Inventor 3:	Last Name: <b>BERGBACH</b>	First Name: <b>ROLAND</b>	Middle Name or Initial:	
Residence & Citizenship:	City: <b>EMMENDINGEN</b>	State/Foreign Country: <b>GERMANY</b>	Country of Citizenship: <b>GERMANY</b>	
Post Office Address:	Post Office Address: <b>IN DER WAID 5</b>	City: <b>EMMENDINGEN</b>	State/Country: <b>GERMANY</b>	Postal Code: <b>D-79312</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  <u>X</u> <i>I. Braune</i> Ingolf BRAUNE Date <u>X</u> <i>18.7.03</i>	Signature of Inventor 2  <u>X</u> <i>M. Wüstefeld</i> Martin WÜSTEFELD Date <u>X</u> <i>15.7.3</i>	Signature of Inventor 3  <u>X</u> <i>R. Bergbach</i> Roland BERGBACH Date <u>X</u> <i>15.7.3</i>
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PTO/SB/81 (02-01)

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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	Unassigned
	<b>Filing Date</b>	Herewith
	<b>First Named Inventor</b>	Ingolf BRAUNE
	<b>Title</b>	AN OPTICAL MONITORING APPARATUS
	<b>Group Art Unit</b>	Unassigned
	<b>Examiner Name</b>	Unassigned
	<b>Attorney Docket Number</b>	089441-000000US

I hereby appoint:

☒ Practitioners at Customer Number  → **\*20350\***  
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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Dr. Robert Bauer	ppa. Dr. Martin Krämer
Signature		
Date	July 21, 2003	July 21, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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